



ACADEMY OF OSSEOINTEGRATION APPLICATION FOR MEMBERSHIP

85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005
Phone: (847) 439-1919 or (800) 656-7736
FAX: (847) 427-9656
Email: membership@osseo.org Website: www.osseo.org



Promotional Code:

- Active (\$495*)** **Affiliate (\$150)** **Associate (\$100**)** **Student (\$95)**

Please complete the following application and submit with the supporting documents to the AO Executive Office.

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NAME

First	Middle Initial	Last	Degrees	
			<input type="radio"/> Female	<input type="radio"/> Male
NPI Number (US members only)		Date of Birth	Gender	

SPECIALTY/AFFILIATION (Check One)

- | | | | |
|--|---|---|--|
| <input type="radio"/> Dental Public Health | <input type="radio"/> Oral Max. Surgery | <input type="radio"/> Prosthodontics | <input type="radio"/> Office Personnel |
| <input type="radio"/> Endodontics | <input type="radio"/> Orthodontics & Dentalfacial Orthopedics | <input type="radio"/> Dental Technician | <input type="radio"/> Research Technician |
| <input type="radio"/> General Practice | <input type="radio"/> Pediatric Dentistry | <input type="radio"/> Nurse | <input type="radio"/> Corporate Technical Rep. |
| <input type="radio"/> Oral Max. Pathology | <input type="radio"/> Periodontics | <input type="radio"/> Dental Hygienist | <input type="radio"/> Other |
| <input type="radio"/> Oral Max. Radiology | | <input type="radio"/> Dental Assistant | |

PRIMARY OFFICE/SCHOOL ADDRESS

Office/School Name		
Address (Include room, suite, etc.)		
Address		
City	State/Province	Zip/Postal Code
Country	Phone (include country code)	Fax (include country code)
E-Mail Address (REQUIRED)	Website	

HOME ADDRESS

Address (include Apt. #, etc.)		
Address		
City	State/Province	Zip/Postal Code
Country	Phone (include country code)	Fax (include country code)
E-Mail Address (REQUIRED if no office e-mail address)		

I WISH TO HAVE MY MAIL SENT TO: (check one) OFFICE ADDRESS HOME ADDRESS

*Active Membership includes a \$100 application fee.
**Associate Members must reside in countries with a Purchase Price Parity per Capita of less than \$15,000. See AO website for list of eligible countries.

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EDUCATION

Dental School	Beginning Year / End Year	Degree
Post-Graduate Clinical Training (School)	Beginning Year / End Year	Degree/Certified
Graduate School Advanced Degree (School)	Beginning Year / End Year	Degree
If you are currently a student, when will you graduate?	Beginning Year / End Year	Degree (student letter required)*

HAVE YOU ENCLOSED THE FOLLOWING?

- A Completed Application Form.
- Active/Associate Membership:** A photocopy of your dental license, specialty certificate, diploma or board certification.
- Student Membership:** A letter in English on official letterhead from your program director indicating start date and anticipated date of graduation.
- Payment **Active:**
- North America: \$495 (\$395 + \$100 application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
 - Outside North America: \$535 (\$395 + \$100 Application fee + \$40 Air Mail Charge)
Includes 1-year subscription to *JOMI* and *AO News*.
- Affiliate:**
- North America: \$150 (No application fee) – Includes 1-year subscription to *AO News*.
 - North America: \$205 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
 - Outside North America: \$245 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*. (\$205 + \$40 Air Mail Charge)
- Associate:**
- \$100 (No application fee) – Includes 1-year online subscription to *JOMI* and *AO News*.
- Student:**
- North America: \$95 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
 - Outside North America: \$135 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*. (\$95 + \$40 Air Mail Charge)

PAYMENT METHOD

Payment is accepted via check drawn on a U.S. bank, Visa, MasterCard or American Express.

- CHECK ENCLOSED: Check # _____ VISA MASTERCARD AMERICAN EXPRESS

Card Number _____ Expiration Date _____ Security Code _____

Name (as it appears on the card) _____

- I hereby certify that all information recorded on the application and any attached documents are accurate and support my qualifications for membership in AO for which I now apply and authorize payment for such membership.**

YOU WILL BE NOTIFIED VIA EMAIL WHEN YOUR APPLICATION HAS BEEN PROCESSED